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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature		STATE OR COUNTRY GA	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
ADDRESS Woodcock Washburn Kurtz Mackiewicz & Norris LLP One Liberty Place - 46th Floor Philadelphia, PA 19103					
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FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		